

ALCOHOLISM IN CHILDREN*

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CHILDREN who ingest alcoholic beverages constitute neither a new problem nor one confined to our culture. Not only have medical men been concerned with the subject, but the theme has been used by many, from Renaissance painters and writers of children's rhymes to present day movies. Some light is thrown on the age of the problem when we find that as early as 1600 at least two artists depicted Bacchus as a drunken child (1).

We hear our children repeating the oft quoted nursery rhyme:

Crosspatch, draw the latch,
Sit by the fire and spin,
Take a cup and drink it up
And call the neighbors in.

Then again, in the stories meant to be read to children, we find descriptions like that of "The Little Jacob" (2) who was thin and would not eat, and about whom it was decided:

And then, besides, we'll let him drink
Plenty of wine and beer;
And if this does not make him fat
Why nothing will, we fear.

Unfortunately the results of the above procedure were not correctly calculated because the poem concludes (in a manner quite in keeping with this paper).

Cake, wine and beer he slyly took,
And to the fields he'd roam.
There, for a while, like any pig
He ate and drank alone.

Even in Walt Disney's "Dumbo" we find a long sequence in which the young boy elephant becomes drunk (accidentally) and experiences a series of surrealist alcoholic hallucinations.

The use of alcohol by children in certain circles is not uncommon. Its sedative effect is utilized not only by anesthetists to quiet babies on the operating table, but also by some mothers who try with whiskey in tea to calm their infants while waiting for the clinic doctor. In certain New York City areas many families give wine to the youngsters with meals, and in many other families it is not unusual for the child to sip routinely from the adult's glass of beer. The reality of the

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problem as a social and educational one is brought home to us, however, when teachers tell about bright students who come back to school after lunch drowsy and dull as a result of having wine with lunch. In 1940 alone, 121 children were brought before the New York Children's Court for intoxication, in most cases aided, encouraged or required by adults. The relationship between this equivalent of what is called "social" drinking in adults and definite addiction to alcohol by children is one which needs clarification. Does such addiction exist, and if so, in what types of children? Under what circumstances do they become chronic or even sporadically heavy imbibers (as differentiated from accidental or rare drunkenness)? What is the outcome in such cases? Does the childhood drinker of today make the adult alcoholic of tomorrow? These questions may best be answered by the study of actual case material.

The literature on alcoholism in children throws only occasional light on the questions we raise. It has been commented that the infant's introduction to alcohol may come with the first breast feeding, since it has been shown many times that alcohol taken by the mother is excreted to some degree in the breast milk. Reports of alcoholic stupor in breast-fed infants have appeared, alcohol being demonstrated in the blood of both the mother and the offspring (3). Some observers attribute cases of irritability, hypertonicity, sleeping and eating disturbances in infants to this etiology (4) (5). It has been experimentally shown that young animals are more profoundly affected by alcohol than are older ones. After drinking an equivalent amount of liquor by weight, the blood of the former contains a greater concentration of alcohol than does that of the mature organism (6). This is probably also true in humans (7). Certainly clinical reports bear out that the child who becomes intoxicated is more liable to develop one of the toxic manifestations of alcohol. Ford (8), among others, reports alcoholic delirium and polyneuritis in some youthful drinkers. He also concludes that occasional cases of alcoholism result from the habit of giving infants wine and beer. Cases of alcoholic coma are quite common in the literature from a dozen countries, children from the ages of one to eleven being reported in such condition. One three-year-old showed a meningo-encephalitic picture following the drinking of a large amount (12 oz.) of whiskey, even though she was accustomed to taking whiskey daily (9). Susceptibility to the toxic effects of alcohol varies at least as greatly in children as it does in adults. Two wine-glassfuls of brandy proved fatal in thirty hours to a boy of seven (10). Erlacher (11) did a controlled experiment using 26 ten-year-olds and 26 fourteen-year-olds, including children who took alcohol regularly, occasionally, and not at all. Every other day they drank 10 c.c. of alcohol diluted to 15 per cent by volume (the concentration in sweet wine). With this dose, about half the subjects were so incapacitated that they could not take further part in the tests (12).

Psychological studies on the effects of alcohol in children have shown the same types of results as in adults. Sieburg (13) fed wine to student athletes and found that even moderate amounts of alcohol distinctly decreased accuracy and efficiency, and increased the fatigue incident to athletic performance. Erlacher, in

the experiment mentioned above, tested his subjects in visual perception, controlled association, and manual dexterity. Aside from an increase in boisterousness, stubbornness, etc., he found a 5-10 per cent loss in all the tests among the boys and a 3-8 per cent loss in the girls.

The majority of reports on the subject, however, coming from both medical literature and the reports of the International Congress Against Alcohol, are statistical studies on the numbers of school children who drink, the moral and social effects of childhood imbibing, and the relationship between this problem and alcoholic heredity. Most of these reports are summarized by Humbert (14) whose tables show that in Holland, Switzerland, Germany, Hungary, Italy and France, 64 per cent to 97 per cent of school children in some districts drink wine, beer or spirits, and the number of those who used alcohol regularly ran from 13 per cent to 45 per cent of the total school populations in the areas studied. In this country Gordon (15) and McNicholl (16) concluded that "Alcohol, by laying the foundations of a diseased and criminal citizenship, threatens the stability of our government" (16).

Educators and legislators have from time to time shown an interest in controlling alcoholism in children. Plato forbade children to drink wine till they had attained the age of 18. Montaigne, in the 15th century, considered it more decent and healthy for children not to touch wine till after the age of 16 or 18. Laws on the statute books of 45 states require teaching the effects of alcohol to school children. In New York State such a law (Ainsworth School Physiology Law) has been in existence since 1894, but is disregarded in most schools, as are these laws in many other states.

The question of the effect of childhood intemperance on later alcoholism is touched upon in the literature from widely divergent points of view. Trotter (17), as early as the beginning of the 19th century, placed the blame for adult addiction on the early nutritional habits of children, particularly if alcohol played a part in the diet. Shalloo (18) stresses the role of family alcoholism, while from the psychoanalytic point of view, Robbins (19) traces in a patient the significance of infantile nutritional disturbances in the development of alcoholism.

Strecker and Chambers (20) describe the intoxication impulse in adults as an attempt to gain a childish state of mind. They find that 70 per cent of their cases of adult alcoholism are traceable to unfavorable early home life leading to emotional immaturity. Of these, 60 per cent showed parental over-indulgence, and 10 per cent parental over-dominance. They also feel that, irrespective of cultural or economic levels, the preponderance of only or youngest children in their cases is both striking and significant.

Since previous thinking on the problem (as outlined above) gives only fragmentary answers to the questions we raised, this study was undertaken on cases of alcoholism in children up to age 14, made available through Bellevue Hospital, Children's Court, and one of the large social agencies in New York City. Bellevue had 30 such admissions for definite intoxication from 1936 to 1941, while the Children's Court had, as mentioned, 121 cases in 1940 alone. From these cases

were weeded out those in which intoxication appeared to be accidental or merely a "one night stand." There remained 20 cases ranging in age from 5 through 14 where drunkenness was more or less habitual.

The actual extent of the problem in the community cannot be measured by these figures, because undoubtedly many of the children who drink never come to the attention of authorities, particularly if they manage to avoid actual intoxication. In a sense, many of the cases we are reporting reached the hospital or court accidentally. We are apt to begin to be concerned, as Meyer (21) has said, only where actual intoxication is produced. Nevertheless the problem is real in the community, though by no means a major one in childhood. For certain areas of Kentucky, Tennessee and the rural portions of Iowa, this may be an understatement. If, in most centers where children are studied, one must search for cases of overt alcoholism, can this be because we seldom, if ever, routinely ask about drinking when taking a history?

Cases are presented in five groups, since analysis showed that, according to the underlying mechanisms, the children are classifiable in these somewhat overlapping groups. Drinking occurred:

- I. As a means of escape from intolerable intrinsic or extrinsic conditions, 7.
- II. Through identification with or aggression against alcoholic adults, 4.
- III. As part of a pattern of delinquency in psychopathic personality, 4.
- IV. Associated with latent or overt homosexuality, 3.
- V. Associated with psychoses, 2.

Generally more than one underlying factor was operating in any given case and they are classified according to the apparently predominant motivation.

GROUP I

Case 1. Mary, an attractive, 11 year old Italian girl of average intelligence, was admitted to Bellevue in an alcoholic stupor. In her family wine was taken by all the children at each meal. Mother died when Mary was 9 and the household was managed by her 16 year old sister. When the sister had an operation with protracted convalescence, Mary assumed household duties including supervision of a hyperactive, negativistic brother of 6. Constantly preoccupied with the thought that her sister might die, she had frequent crying spells. Her preparation of meals never suited her father and he would frequently beat her. She reached a point where she wished for death and, feeling she might achieve this by excessive drinking, drank more than a tumblerful of wine every night. This continued for almost a month, with progressive deterioration in her housework and consequently more paternal abuse. Finally, she drank a pint of wine after supper one night, part of which she vomited before becoming stuporous. An ambulance was called when her father believed she had a hemorrhage. Throughout hospitalization she was depressed, though she recovered completely from her drinking bout with no residual effects. She said that once before she had taken a pint of wine, before a school test, and failed because she fell asleep in the middle of it.

On follow-up a year later it was found that she made a good adjustment at home when the father hired a housekeeper and when the sister was finally able to take over her former duties. She stopped all drinking of wine because every time she tasted it she thought of death and was nauseated.

This girl was faced by an unbearable situation with which she could not cope.

Alcohol served her as a means of retreat—it was merely a vehicle whose use she felt could help her effect an escape from the increasingly threatening environment. Drunkenness or the sleep after wine also temporarily relieved the pressure of her insecurity and guilt because of her inadequacies in the face of the task she wanted to perform well. Her suicidal drive offered the most obvious solution to her at the time, and alcohol gave her a symbolic death at the end of each day. This use by children of alcohol in connection with or substituted for suicidal preoccupations, is not unusual as shown in some of the following cases.

Case 2. Hilda, a 13 year old colored girl, of superior intelligence, was the illegitimate child of an inadequate, passive mother who had been married and had her first child at 13. Her father deserted. A half-brother was psychotic. School, where she had progressed normally, presented no challenge and the community offered few facilities for healthy outlets to keep her mind stimulated. She felt keenly the real or fancied racial discrimination whenever she attempted to enlarge her horizon. With the inadequate supervision given by her mother, it was easy for her to attend parties where she drank beer and wine and where she was prevailed upon by some members of a "mob" to leave home and help them sell marijuana cigarettes. She was arrested twice while drunk by Federal authorities for peddling these reefers, but was released when she proved her age. Finally, through the Children's Court, she was referred for psychiatric study.

Examination proved Hilda to be overweight, restless, tremulous, excitable, with exophthalmos and other signs of hyperthyroidism, the presence of which was confirmed by basal metabolic rate. Her nails were closely bitten. At first defiant, she later became more accessible. She was able to trace her failure in school adjustment and irritability, both with authorities and social conditions, to the onset of thyroid symptoms. She began to bicker constantly with her family and friends and was discontented with herself. Sleeping became difficult. She found that beer removed a great many of her resentments toward people and gave her relaxation. Sleeping too, was easier. Men kept her supplied with beer any time she wanted it, which was every day. She liked these men, but had a moderate amount of guilt about drinking, her sex activities with them, and helping sell reefers. These latter she denied smoking except for one unpleasant experience. Her mother at no time elicited from her any feeling other than indifference.

In this case the discomforts and pressures placed on the girl by her physical difficulties were the underlying factors behind her drinking. Here the environmental stresses were merely precipitating agents. She had sufficient insight to realize that the fault lay within herself. Her most constant drive was toward drinking, which would enable her, at least for short periods, to escape from the tendency to come in conflict with everyone and everything about her. In other words, alcohol was merely a vehicle for escape. The paucity of constructive elements in her background, including the distorted parental relationship, combined with a faltering super-ego to make it easier for her to resort to asocial types of compensatory activities in spite of her modicum of guilt about them. She was placed in a closed institution where her hyperthyroidism received medical treatment. The last report, after six months there, is that she is adjusting well and has shown no overt need for drinking (for which, of course, she had no opportunity).

Case 3. Tony, aged 14, had three admissions to Bellevue in a year for alcoholic intoxication. At 12 he had been studied intensively on the children's ward where school authorities had referred him because of overactive, distractible, impulsive behavior. Tony

had a distressing life filled with quarrels between his parents which ended in their separation. He then lived with his pre-psychotic mother who had been observed at Bellevue on complaint of her husband that "she drinks and is crazy."

Tony was a poorly developed child who had fallen from a roof in early childhood, resulting in loss of sight in one eye and a skull fracture with no apparent residua. IQ was 76. He sulked in school when he couldn't shine and was contented on the children's ward where his special artistic ability was capitalized. When his limited intellectual ability was exposed, he failed to adapt and became infantile, rebellious and unresponsive. He had many fears and fantasies about being kidnapped and about crazy men who would kill him. His mother threatened many times to kill him when she was "nervous" and upset and he refused to keep quiet around the house. He had made a few abortive suicidal attempts. He was always doing risky things and also had a number of severe accidents.

About six months after he left the hospital his mother became psychotic enough to need further hospitalization, and Tony went to live with his father whom he blamed for his mother's illness. The paternal drinking was limited to occasional social functions. When the boy tasted wine at a friend's home the father reprimanded him severely and open antagonism sprang up between them. From that time on Tony made a point of drinking wine, beer and whiskey at least once every month and flaunting it before his father. His drinking was always with older boys at parties or the neighborhood bar and grill. Each time he drank enough to end up in the alcoholic ward he was maudlin, obstreperous, abusive and obscene, especially about his father. He acted tough until he recovered, but then showed no signs of guilt or anxiety. Interestingly, during this period he expressed no suicidal ideas and made no gestures toward self-destruction.

It was felt that Tony was reacting with strong neurotic symptoms to his inferiorities, the limited intellectual ability, and the post-traumatic loss of eye function. Inferiorities involved his personality and emotional development. He adopted two means of solution for his problems, aggressiveness and retreat, the latter through his suicidal trends. He originally adopted drinking as a behavior pattern as an aggressive gesture against his father. He persisted in this pattern when he found that it was also a better method of escape from his nuclear difficulties than was his drive to suicide, which his ego would never let him perform except symbolically. Also in his imbibing was an element of identification with his mother, also accused of drinking by the father.

In this group are also included those children whose alcoholism fits into a similar pattern because of inability to compete with others of their own age level due to intellectual inferiority, often associated with physical defects. The common feature of these cases is their search for a means of evading situations where their weakness could be emphasized.

Case 4. Eileen, an Irish-American girl of 10, was dull and retarded in school. She was in the same class for the third successive term. She stopped on her way to class at her aunt's home where she was offered a drink of a liqueur. She began to stop there every morning and surreptitiously took drinks in increasing number till she was found to be sleeping through class. Finally, she never reached school, falling in a coma on a street corner.

Case 5. Jack, a 12 year old colored boy, had epileptic seizures about twice a year. He was dull and inadequate, and appeared to be deteriorating intellectually. After each seizure he was in a clouded state for more than a week. He was in constant conflict with teachers because he fancied they thought him lazy. He made a point of attending adult parties,

almost always uninvited and in the homes of strangers, and managed to get one or two drinks. He was remarkably susceptible to alcohol and two drinks caused him to be confused for two days with signs of auricular fibrillation, thought to be toxic. Usually when drunk he was hallucinated and paranoid. In the hospital he looked for dictaphones in the offices when he was interviewed. Quarrelsome and disturbed, he fought with others because he thought they believed him lazy and a "no good nigger."

Case 6. Gregorio, a 14 year old Italian-American boy, physically large, was retarded three years in school and had a severe reading disability. He never studied or did home work, and for a year had been truanting regularly. He could do the work, he said, but never got anywhere and therefore spent all his school time in a cafeteria where there was usually a group of truck drivers, generally older boys, whose ranks he hoped to join soon. Since they all drank beer, he familiarized himself with the brands they preferred and helped serve them. He drank with them if they allowed him. Whenever he had money he treated. He boasted that these young men thought he had a wonderful memory because he remembered what they liked. Once when he won two dollars on a fight, he drank with the boys and, after ten beers, went into the street and began breaking windows. To the police he was pugnacious and insulting. He recovered with no sequelae. Investigation into his home situation showed good surroundings and deeply religious parents who did not drink and did not know that Gregorio was staying out of school.

Case 7. Marie, 12, was of low average intelligence, the last of six children, all the others being married. Father was dead and Marie lived alone with her mother. The mother drank beer at home regularly, and occasionally throughout childhood gave some to the child. At age 4 the girl had an attack of what was then diagnosed as infantile paralysis. She was left with a hemiparesis. When Marie was 11 her mother noticed that she spent more and more time at home, remaining out of school and play because of abdominal distress and vomiting. She also found that Marie was drinking beer at home whenever she was alone. Finding her difficult to rouse one morning, and since there was considerable emesis, an ambulance was called and the child was found to be drunk.

In the hospital she said, "I am all right in school but I don't like to go on account of my walking because I feel funny. When I was a kid I didn't mind how I walked, but now that I am big I feel self-conscious. So I hate to go out to school. I'd rather be sick than go. When I drink beer I get nervous on my left side (the side of the paralysis). I twitch and I get lame. I can't hold anything in my left arm because I drop it. It jerks when I drink and I get excited."

Eileen, Gregorio and Marie used alcoholism primarily as a means of evading an unpleasant reality, and also as a means of obtaining some secondary gain. It served them all in relation to school difficulties, but in different ways. Eileen used it as armor plate to shield her from the classroom and teacher even though she attended school. Gregorio used it as a means of feeling useful and as a prop to bolster his ego, compensating for his remaining away from school. Marie used alcohol's toxic effects on herself to escape exposure of her physical difficulties in school.

GROUP II

Case 8. Harvey, age 5, was committed to the care of a social agency because neighbors complained that he was brought home in an intoxicated condition once or twice a week. His pretty 28 year old mother was a chorus dancer who had been alcoholic for about 10 years. Husband was a confirmed alcoholic who appeared at their home only intermittently. The child was reared chiefly by the maternal grandmother who died when he was 4½.

Mother then took him with her wherever she went, including the afternoons and evenings she spent in the back room of the neighborhood bar. He became attached to her, never allowing her out of his sight. According to the mother's story, he demanded a sip of beer from each glass she had. After a while he would go from customer to customer, asking for sips and begging for nickels to play "Margie" in the juke box. (Margie was his mother's name.) Encouraged at first because of its cuteness, later, when anyone tried to stop him or send him home, he would curse and become assaultive. Mother finally had little control over his negativism and tantrums. When he became dizzy, she would take him home and put him to bed. She was in more than one way relieved by the child's removal from her custody. Surprisingly, his nutrition suffered little, if at all, during his six months of more or less regular imbibing.

After a week of mutism and withdrawal from the group on being institutionalized, he began to play with others, but would always desert them and attach himself to any female adult who entered his horizon. He said it was better to be a woman than a man and he wished they would dress him in girl's clothing. He was able to verbalize about liking beer, but not gin which made his head burn. He asked if he could get some beer if he sang "Margie." Within two weeks it became difficult to get him to talk of his former experiences and in two months his old patterns had apparently completely been erased except for his drive for attention from women.

This child's drinking was secondary to his identification with his mother and his desire to ape her. He was at the height of his maternal attachment (oedipus situation, if you will), and this was the most important factor behind his behavior when he was living with her. Months later this unresolved attachment remained, while the alcoholism, which was merely one of its manifestations, had disappeared.

Case 9. Ben, a dull normal Jewish boy of 14, had been in an orphan asylum since early infancy. He had the type of personality which Bender so aptly describes as the institutional type of psychopath. The only satisfactory interpersonal relationship he could establish was with the engineer of the building, for whom he worked after school. Ben found that this engineer occasionally returned to his quarters after work intoxicated. At the very next party Ben attended, he asked for and obtained whiskey and staggered home after three drinks, where he was dull, confused and resistive. This was repeated at every possible opportunity.

Case 10. Jonathan, age 8, was brought to a hospital clinic for advice on his alcoholism. He would break open the door to get at his father's liquor stock. Jon was an only child in a family where there was constant strife, the father remaining with his wife solely because of appearances. Although he occasionally tried to overprotect the boy, his dislike became more and more apparent, even to the child. The father, a railroad engineer, made a point of being sober on his job, although he preferred to be drinking when off it. One day he decided he would teach his son a lesson on why drinking is bad by getting him drunk and pointing out the unpleasant effects. Instead of this having the desired effect, it had exactly the opposite, i.e., the boy developed a desire to drink whiskey. In his own words, he "loved it."

Here the child used alcoholism as a means of aggression and spite against the rejecting father. The aggression was turned against himself, but it was in retaliation for father's aggression against the boy. It had the desired effect on the father, whose guilt about his feelings toward the boy was increased by the knowledge that he himself introduced Jon to the habit.

Case 11. Elsie, a 13 year old colored girl, had been given drinks since she was 8 by her

father each time he drank. She was the only child; small, slender, quiet, gentle; dull in intelligence and retarded in school. At age 11 she began to remain in the street evenings instead of doing homework. When her father prohibited this, she quietly stayed at home and began to ask her father for drinks. She was brought to the hospital drunk and beaten up. She said, "After I had a few drinks I went down in the street at night and he (father) beat me for it. Then I chased him with a knife. I wanted to kill him. Yes, I wanted to kill myself too, but I don't want to now. I always get into trouble if I take a few drinks."

In this case the aggression against the punishing parent was brought out into the open by the alcohol.

GROUP III

Case 12. Typical of this group is Henry, admitted to Bellevue for intoxication at age 13. By age 17 he had had five such admissions. He was brought up in a series of foster homes, in none of which he could adjust. His mother had deserted and his father was sent to jail for robbery. At age 10 he was sent to a New Jersey farm school because of truancy and assaultiveness. At 13, following hospital admission for alcoholism, he was sent to the adolescent ward by court for stabbing another boy in his gang and for stealing. For this he was again institutionalized at a State training school. Three months after his release at 14, he was again found on the alcoholic ward. He later spent still another period in the training school. His subsequent hospital admissions were for drinking associated with aggressive acts against others. He was always evasive, tough, suspicious, stubborn, obstreperous and dull (IQ 84).

All the individuals in this group are over twelve years of age and can generally pass as being older because they are physically quite mature. These early adolescents do not, as does the adult psychopath, "drink because he likes alcohol, knows he cannot handle it, but does not care" (22). The indulgence in alcohol is not primary, but coincides with or is preceded by other asocial activities.

GROUP IV

Cases 16 and 17. John, 14, and Harold 13, were inseparable friends. John, the more passive, blindly followed the brighter Harold's lead and spent most of his time with his ideal, sleeping with him whenever he could. A third 14 year old boy, Manuel, tried to enter their friendship and as an inducement brought wine or whiskey with him when they arranged to meet. He introduced them to homosexual activities which they did not resist and kept up for more than six months. Drinking became part of the meetings of the trio, and they took turns in bringing it. One day, however, they all drank more than usual and a fight started which ended with John superficially wounding Manuel with a pen knife. They took Manuel to the door of a hospital and went home where the police found them.

Case 18. Frances was a 12 year old girl of average intelligence, physically mature and easily able to pass as 15 or 16. Her parents were dead and she lived with a married sister who worked and led an active social life and provided Frances with little more than cursory physical care. Frances developed an attachment to a 17 year old girl in the neighborhood and, at first flattered by this older girl's attention, kept her company in the bar on Saturday nights. This became a weekly event, and occasionally during the week they drank beer together. When she had too much and became dizzy or fell asleep, her girl friend helped her home. In her own words, her feeling for the girl was, "even if she tried to bulldoze me I like her. There was something about her that I did like really, like when she kissed me good-night. People said bad things about her, but I never believed it when they

tell me not to go with her. She could handle herself all right, but whenever there was a fight or the boys at the bar bothered her, it was always me had to tell them to leave her alone. She used to hit me regularly. I never been out with boys and I didn't know that she goes out with boys. I certainly didn't think she stays overnight with boys."

Frances climaxed one Saturday evening by being admitted to Bellevue's alcoholic ward. After five or six beers her girl friend picked up two boys at the bar and arranged for all of them to go by taxi to one of the boy's rooms. In the taxi Frances resisted having one of the fellows hold her hands till her girl friend hit and cursed her. When they stopped to get out, she was panic-stricken by the threat of an imminent heterosexual approach and overwhelmed by the infidelity and betrayal by her friend. She got out and tried to run away, but could not manage her legs and fell to the gutter. When one of the boys tried to lift her she screamed till a neighbor called the police. Her friend, before running off with the boys, kicked her about the face as the police approached.

In these cases latent homosexuality was the background for the drinking; alcohol was the medium through which it was released and could express itself. Sadistic aggressiveness on the part of one of the partners was complemented by the relative passivity of the other, as is the case in many of the young adolescent pairs where the attachment is on a latent or overt homosexual level.

GROUP V

Case 19. Emily, a 13 year old colored girl, came from a background where her father had deserted shortly after her birth and her mother was living with a man by whom she had two more children. From the age of 5 Emily had presented difficulties. She ran away from home, was always challenging, belligerent and assaultive. At 9 she had her first sex experience and had continued such activities since. She hated her parents and had no object attachments. She was in an ungraded class and was functioning on a borderline defective level though she was felt to be capable of much higher intellectual achievement. When she was hospitalized it was found that she was having hallucinations in which a dead half-sister spoke to her. On the ward she tried to eat glass on bread and made open homosexual advances to the nurses. She was constantly preoccupied with thoughts of death. It was felt she should be hospitalized, but both parents and court refused and she was returned to the community. In two months she was returned to the hospital because of alcoholism. She had taken drinks before, especially on weekends, but after her first discharge from the hospital, she drank much more. In her words, "I thought I could have some fun by getting drunk because I couldn't have fun other ways. First I got a boy friend and I drank whiskey; then I tried wine and then bottles of beer. My mother and stepfather beat me for it. One night I got dizzy after some wine and beer and that's all I know and I was in the hospital." It was reported she had gone to school dead drunk, ran through the classroom, tried to set fire to the building, threw herself on the floor and demanded a reefer. She was finally committed to a State hospital.

The diagnosis was psychosis in a psychopathic personality. She was sensitive, though diffusely unstable, anxious, and hostile. Occasionally she showed flashes of insight sufficient for her to look for a means of evading a confused and threatening reality.

Case 20. Aurora, a 13 year old Greek girl, was an unhappy withdrawn child of average intelligence. Her mother separated from her father when she found he was a bigamist, and then married a man who beat both mother and daughter on slight provocation, while protecting his own children. Aurora was brought drunk to the Children's Society, after having been missing from home for about two weeks. Her pieced together story follows.

Two weeks before leaving home she met a 16 year old girl who gave her considerable sex information, showed her how to smoke reefers and drink. However, she still maintained a moralistic and fearful attitude toward sex. The night she disappeared she came out of the movies late and was afraid to go home because she would be beaten. Instead she tried to sleep in a park overnight. She was picked up by two men who took her to the World's Fair and had intercourse with her. She had some drinks and next turned up in a strange doorway where a family in the house took her in. After remaining there uninvited for a few days she was sent by these benefactors to another family where she could be quartered more comfortably and remained there four or five days. She told these families numbers of different, often fantastic stories. Confusion and blankness were frequent symptoms. Finally she ran away and was on a twenty-four hour spree, drinking with one man or groups of men, often being rescued after raising loud objections to any advances she considered potentially sexual. She created so much disturbance that she was picked up by the police.

The Bellevue study revealed that she had been hallucinating all through this period, was distractible, evasive, suspicious, often preoccupied, and her speech was vague and rambling. Moods varied from hilarity to mild depression. She described outbursts of excitement occurring at home. At times she was definitely in poor contact with environment. Some insight was displayed into her mental condition and she was on the whole well oriented, but was disoriented as to time and often misinterpreted what was told to her about herself. Occasionally she became manneristic and grimaced for hours at a time. She spoke of seeing white pearly hands coming to choke her, and of dead men dying on a bridge and that the bridge would be bombed. She also talked of wanting to get married. At one point during hospitalization she was suicidal. After a few months in a private sanitarium she returned home where, after making a borderline adjustment for eight months, she again began to show hallucinatory phenomena and mood swings. Rehospitalization ended with commitment to a State institution.

It is obvious in these two cases that, although their encounters with alcoholism were the immediate reasons for their admission or readmission to the hospital, the actual drinking was only an incidental phenomenon, secondary to or dictated by the psychotic state. It is probably also significant that both individuals made gestures toward using other drugs in their attempt to break away from the psychotic symptoms with which they were uncomfortable.

DISCUSSION

The case studies may now be considered in relation to the questions raised at the *beginning of this paper*. Any attempt to answer these questions is conditioned by our concept of what constitutes alcoholic addiction in children. If the use of the word addiction is limited to its meaning as an actual craving for alcohol itself, then from these cases, there is no evidence that addiction as such exists in children. If addiction is considered to mean a drive to return to the alcoholic state (as differentiated from actual enslavement), there is definite evidence that addiction exists.

Probably the most pertinent questions posed here concern what happens to children who drink, and whether the childhood alcoholic of today becomes the adult addict of tomorrow. They can possibly best be answered by considering the outcome in these cases. There is sufficient evidence to say that in many of those in the first two groups the drinking came to an end when something was done

about the situation which was found to underlie the resort to alcohol. We were able to follow five of the eleven cases in the first two groups. In them the source of deprivation or the real need underlying the symbolic value of the drinking was found and remedial steps taken. There was an abrupt cessation of alcoholic indulgence, with no tendency to return. This is to be expected if there is no craving for the effects of the drug. In the psychopathic personality group however, the picture is different. Of the four cases in this group we have a more or less longitudinal picture in two. Both these boys, after a period of removal from the community, returned to their patterns of asocial activity associated with drinking. Two of the homosexual group were followed by probation officers and were able to remain free of alcoholism, overtly at least, for a year, when they were discharged from probation. The psychotic children were hospitalized and had no opportunity to drink.

We may safely say that of the literally thousands of normally integrated children who have taken alcoholic drinks regularly or sporadically, only a few have used it as did our cases. Some may even abreact later to become abstainers if they have been exposed to extremes of alcoholism and its repercussions in their environment. Apparently the children who resort to the use of alcohol as a means to an end in solving a problem are those who are predisposed at the time by underlying conflicts or personality distortions in the presence of an insufficiently inclusive super-ego. In these cases the alcoholism seems to clear up when attention and corrective measures are directed to the roots of the situation. In other words, alcoholism in these children is usually discarded when the need for it disappears just as do most of the neurotic symptoms of childhood. It seems, therefore, that adult alcoholism is not based in childhood drinking except in delinquent psychopaths where, as we have seen, the tendency to recidivism is marked. Therefore, even though evidence such as Strecker's (21) points to alcoholism in adults having its roots in childhood experiences, actual drinking by children apparently does not predispose them to over-indulgence in later life.

There would seem to be a contradiction to these conclusions when we ask whether there is any relationship between "social" drinking, the type which is aided, encouraged, tolerated or required by adults, and alcoholic addiction in children, since the answer on a statistical basis would have to be "apparently yes." In eight out of the twenty cases this type of drinking evolved into more serious imbibing and this includes all the younger children studied. However, when these eight cases are examined more closely, we again see that the alcoholism is actually merely a symptom, serving either to protect a threatened child or to supply a means, however inadequate, of solving a problem. Often it replaces or supplements some other emotionally determined symptom. In Case 1, for instance, Mary's drinking served to shut her off not only from the immediate overwhelming situation, but also from the emotional repercussions within herself to her inadequacy in that situation. Her choice of alcohol as a means of escape came most likely because she was familiar with its effects and it was at hand. This means that when interpreting data such as are offered in purely statistical papers which

tend to show a higher incidence of alcoholism in the children of chronic alcoholics, it should be remembered that the child's drinking is probably less on a hereditary basis than on a basis of emotional or personality needs, some of which conceivably arose because he lived in an atmosphere of alcoholism. Apropos of environmental influences, Healy (23), although entertaining the possibility of hereditary alcoholic brain deterioration, reminds us that the surroundings in which the child of the alcoholic parent is raised may produce personality deviations which in turn are possible factors in the child's drive to drink.

In answering the question as to what types of children indulge in drinking, the range of types included in our cases indicate that the problem is limited to no specific type or even to any one cultural or economic level. Intellectually, nine of the twenty cases are in the dull group, one is a borderline defective and the remainder are in the average range. In examining the age factor, the younger children are found in Groups I and II, while it is chiefly the older ones (over 10) who made up Groups III, IV and V. It is interesting to note that only the younger children were solitary imbibers. An important correlation in regard to the type of child involved is that between passivity and drinking. It has been suspected from longitudinal studies on passive children (in process under Bender (24) at Bellevue) that many ultimately become alcoholics. In the present series about half the children are classifiable as being superficially retiring, unresponsive personalities. This includes five of the seven in Group I (escape, retreat), one of the four in Group II (use of alcohol as aggression), none of the four in Group III (delinquent psychopaths), all of the three in Group IV (homosexuals) and one of the two in Group V (psychotic children). Passive individuals predominate in the groups (except Group II) which the sketchy follow-up material showed have the best prognoses in relation to clearing up their alcoholism. Any final conclusion, however, on the relationship between passivity and tendency to persist in or return to the excessive use of alcohol would be premature until it is known how this small segment of the passive group fits into the whole.

Under what circumstances do the children in this study become chronic or sporadically heavy drinkers? Refer to the classification according to the predominant moving force behind the individual's imbibing. This is complete and inclusive only for our own cases. Quite conceivably new cases would call for enlarging the number of categories listed.

Examining our groups more closely we find that from the children in Group I, we get some idea of how far children will go in reaction to organ inferiority. The escape motive in this group, though the most obvious one, was superficial. As Schilder (25) points out for adults, the nuclear problem behind the drinking in each case was one of wanting to be loved, not only in the sense of sexual desirability, but usually in terms of admiration and appreciation. In Group II this same dynamic mechanism is also at work, underlying the identification with and aggression against their love objects, alcoholic adults. In the cases of aggression the use of alcohol by the passive individual served to allow a fundamental aggressiveness to come to the fore.

In Groups III and IV the children not only are at or past puberty (13 or 14) and mature physically, but the problems are more closely related to similar types of alcoholism in adults. Here again, however, the drinking is a secondary phenomenon. Among the psychopaths moral laxity, emotional instability and defective judgment precede the pathological drinking rather than follow as a result of it, as in adult addicts. The indulgence begins as social drinking in the presence of others whose approval is sought or has been found. Drinking is an exciting experiment with the unknown for these individuals who have either no inclination or no ability to apply checks to their behavior. It often precedes or accompanies some asocial activity. However, from the statistics on the relationship between alcoholism and crime in juvenile delinquents the secondary role of drinking is borne out. Healy (23) shows that only 2.7 per cent of his cases had some alcoholic indulgence in their histories. Doshay (26) reports that in only 7 per cent of the sex delinquent children he studied in New York City Children's Court was alcoholism a parallel finding.

Alcoholism has many times been postulated as having a homosexual basis, particularly since Abraham's (27) report. In the latent homosexual, feelings of disgust with homosexuality are said to be quieted by alcohol, and homosexual feelings may then reappear in consciousness. This concept would seem to hold true in our case material, particularly in the case of the girl. In the boys of the homosexual group, where aggression played a large part in the symptomatology which brought them to notice, the observations of Schilder and Keiser (28) in their studies on aggression are particularly apropos. They state that "... in many instances aggressive action is a reactive state resulting from a state of passivity. This passivity is frequently felt as identical with homosexual trends and often felt by the individual to be synonymous with femininity ... none of the aggressiveness can be expressed, but is kept in storage. This energy, when released (in the case of John by alcohol) becomes an expression of masculinity and aggressiveness."

Regarding drinking by the frankly psychotic children, Lewis (29) states that drunkenness is practically always more acceptable than a psychosis. This applies to both our cases of psychotic children, confused as they were about their relationships in the community, but we can also trace in them the psychodynamic factor of fear of loss of love.

The sex incidence is worthy of comment. In our 20 cases, 10 were girls and 10 boys. In the court cases there were 56 girls and 65 boys. This is in contradistinction to the adult admissions to the Bellevue alcoholic ward which are in the ratio of six to seven men to one woman.

In considering cultural factors the following compilation from the court figures for 1940 are of interest. Of 121 children in the series, 92 were Catholic, 25 Protestant, and 4 Jewish. Only 8 were Negroes and these were all confined to the older age levels (age 13-15), although of our 20 truly alcoholic children 4 were Negroes. Of the total of 242 parents, 172 were born in the United States (103 in New York City itself).

ALCOHOLISM IN CHILDREN

*Nativity of Parents of Children Brought to
Children's Court for Intoxication*

United States (N. Y. C. 103; outside N. Y. 69)	172
Irish	29
Puerto Rican	11
Italian	10
German	9
Lithuanian	4
West Indian	3
English	2
Greek	2
Total	242

This contrasts with statements made by earlier commentators to the effect that the transplanted foreign family provides the milieu in which most of childhood drinking exists. If this was true in the early 1900's the picture now has changed so that in 1940 it was the native born American family (at least in the lower economic levels tapped by the New York City Courts) which was by far the worst offender in this matter.

The earliest known patterns of childhood drinking in American culture were established in American Indian custom. In their puberty rites, those being initiated were plied freely with intoxicants until they were drunk (30). In a recent study on the ethnography of alcoholism in two Central American cultures Bunzel (31) reported that in Chichicastenango, where the moral code is strict and is only completely relaxed when fiestas occur, drinking is confined to definite holidays and occasions. The children cling to parents and are shielded throughout childhood, having no friends and no contact with actual imbibing. In this atmosphere early adolescent boys, when entering group living and public service with others of their own age, steal away to get drunk on the pennies they earn for running errands. In later periods of public service the consumption of intoxicants forms part of the formal ceremonies connected with the boy's duties.

In contrast to this atmosphere is the community of Chamula, where everyone from the youngest child to the oldest woman drinks. Children are habituated to *aquardiente* from early infancy. However, children do not like it and try to avoid it. Bunzel reports: "One little boy of nine threatened to run away from home if I gave a party at his house because he did not want to be forced to drink, and another boy of fourteen who was being drafted by the elders for the post of secretary asked me to hide him in the school closet because public office meant that he would have to drink great quantities of alcohol. The boy was found and after a violent scuffle, was dragged off and inducted into office. He later described how he always carried a flask concealed under his blanket and contrived to pour his drinks into it unobserved. On the other hand I knew one boy of ten who was a confirmed drunkard; the son of a thoroughly depraved father who included assault and incest among his misdeeds, he had been 'sold' to the plantations by his father. There he learned to drink and at the age of ten spent all his earnings for *aquardiente* and would beg, borrow or steal additional money." The comment

on this is that too much importance should not be given to the purely physiological fact of early habituation (a point brought out by our own case material).

The chief difference between the attitudes reported as existing in these Central American civilizations and our own is that instead of variations existing between communities, they occur among us from family to family. Instead of having a consistent reaction type in any given area, we have a conglomeration of reactions in response to diverse social and cultural pressures.

SUMMARY

Attention is called to the existence of the problem of alcoholism among children.

Analysis of 20 cases of definite alcoholism in children from 5 to 14 years of age showed that they tended to fall into five groups, so far as drinking went:

- I. As a means of escape from intolerable intrinsic or extrinsic conditions.
- II. Through identification with or aggression against alcoholic adults.
- III. As part of a pattern of delinquency in psychopathic personalities.
- IV. Associated with latent or overt homosexuality.
- V. Associated with psychoses.

The mechanism common to almost all the cases was a seeking for love which the child feels has been denied or is desirable.

Evidence is found to show that only in Group III, and possibly in Group IV, does the drinking persist after the emotional need for it is corrected.

While holding no brief for social drinking by children, it is pointed out that only an apparent and not a real relationship exists between such drinking and the habitual alcoholism in those of our cases who had been exposed to it in their environment.

That the problem is present in our culture is indicated by the fact that in the 121 cases brought to New York City Children's Court in 1940 in which intoxication was one of the complaints, 172 of the 242 parents were born in the United States.

Comparisons are made between the drinking by children as reported in anthropological studies and that in our own civilization.

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